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FORM D

SEC 1972 (6-02)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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	AP	PROVAL
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) CommASIC Inc. Series A Preferred Stock
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing R Amendment
A, BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) CommASIC Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) 16644 West Bernardo Center Dr., Suite 301, San Diego, CA 92127
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)
Brief Description of Business Technology for mobile telephones
Type of Business Organization corporation business trust Ilimited partnership, already formed business trust Ilimited partnership, to be formed Type of Business Organization other (please specify): processes processes processes
Month Year Actual or Estimated Date of Incorporation or Organization: OTZ O3 Natural Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) THOMSON
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date or which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
ATTENTION
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.
Persons who respond to the collection of information contained in this form are not

required to respond unless the form displays a currently valid OMB control number.

1 of 9

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		A BASIC ID	ENTAFICATION DATA		
2. Enter the information re	equested for the fo	illowing:		_	
			vithin the past five years:		
 Each beneficial out 	rner having the pov	vêr to vote or dispose, or di	rect the vote or disposition o	of, 10% or more of a	class of equity securities of the issuer
 Each executive of 	ficer and director t	of corporate issuers and of	corporate general and man	aging partners of p	artnership issuers; and
 Each general and i 	managing partner (of partnership issuers.			
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
full Name (Last name first, Lee, Long-Chai					
Business or Residence Addres 16644 West Ber			ode) 301, San Diego,	CA 92127	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, i Nguyen, Tien	f individual)	- 1,20-7,20-1,20-1,20-1,20-1,20-1,20-1,20-1,20-1	and the second s		
Business or Residence Addre 16644 West Bern			^{ode)} 301, San Diego,	CA 92127	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, i Boesel, Robert	f individual)				
dusiness or Residence Addre 16644 West Berr			^{ode)} 301, San Diego,	, CA 92127	·
Theck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
theck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, it	f individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	odc)		
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
uli Name (Last name first, if	·····				
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	ode)		
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
ull Name (Last name first, if	individual)			·	
usiness or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
	(Use blar	ik sheet, or copy and use	additional copies of this si	heet, as necessary)	

					B - 1	NEORMAT	ON ABOU	OFFERI	G.				
1.	Hac the	icener sol	d, or does t	he issuer i	ntend to se	II to non-s	cerédited is	vestors in	this offerin	197		Yes	No
1.	1185 INC	122001 201	u, or oues t			ii, to non-a Appendix,					***************	П	Ø
2.	What is	the minin	um investr								·····	s 20 ,	000
												Yes	No
3.			permit join										馭
4.			tion request ilar remune										
	If a pers	on to be lis	sted is an as: ame of the b	sociated pe	erson or age	nt of a brok	er or deale	registered	with the S	EC and/or	with a state		
			you may s										_
	Name (I N/A	Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	ip Code)						
Nam	ne of Ass	origied Ri	oker or De	aler									
1491	ne of MSS	orieita Di		w/61									
Stat			Listed lias										
	(Check	"All States	or check	individual	States)				***********		• • • • • • • • • • • • • • • • • • • •	☐ All	States
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		(N)		[KS]	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	(NE)	NV)	(אדן (אדן	NI) TX	NM [UT]	(YY)	NC VA	WA)	(<u>W</u> Y)	OK WI	OR WY	PA PR
						————							
Full	Name (Last name	first, if indi	ividual)									
Bus	iness or	Residence	Address (1	umber an	d Street, C	ity, State, 2	Zip Code)			·			
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Nan	ne or ASS	OCIBIEG BI	oker or De	a i C T									
Stat			Listed Has										
	(Check	"All States	" or check	individual	States)	,,		••••••	*****************		***********	☐ A1	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	H	[ID]
		IN	[IA]	(KS)	(KY)	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE]	(<u>VV</u>)	NH TN		(MM)	NY VT	NC VA	ND WA	OD WV	OK)	OR WY	PA
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Lui	raile (1	Past Hanne !	54, 11 11101	· iuuaij									
Bus	iness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Nan	ne of Ass	ociated Br	oker or Dez	ler								<u></u>	
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check '	"All States	or check	individual	States)					·····		☐ Al	i States
	[AL]	ĀK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	
			函	KS	KY	LA	ME	MD	MA	M	MN	MS	MO
	MT	NE	NV		N	NM (TIT)	NY)	NC)	ND WA	OH WV	OK TWD	OR NVV	PA
	Ri	(SC)	SD	[IN]	TX	UT	[VT]	VA	WA	(WV)	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1,	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	DebtEquity	\$	\$
	Equity	_{\$} 13,000,00	0 _{\$} 12,074,000
	Common R Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total	\$13,000,00	0 \$ 12,074,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	٠.	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$12,074,000
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		\$ \$
	Answer also in Appendix, Column 4, if filing under ULOE.		ъ
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	<u>X</u>	\$ 10,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify) Travel	<u>X</u>	s 10,000
	Total	_	• 20 000

	C. OFFERING PRICE, NUM	IBER: OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This difference is the "adjusted gross	s	<u>s</u> 12,980,000
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Pa	ny purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross	3	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		□ \$	s
	Purchase of real estate			
	Purchase, rental or leasing and installation of ma	chinery	\$	_ []\$
	Construction or leasing of plant buildings and fa			
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	sets or securities of another	\$	_ 🗆 \$
	Repayment of indebtedness			\$
	Working capital			\$12,980,00 0
	Other (specify):		\$	- 🗆 \$
			. 🗆 \$	_ 🗆 \$
	Column Totals			
	Total Payments Listed (column totals added)		. 🗓 🗓	<u>12,980,0</u> 00
À.		. d. federal signature		
sig	sissuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furnished by the issuer to any non-accordance.	e undersigned duly authorized person. If this notice this notice is the U.S. Securities and Exchange Comm	ce is filed under R ission, upon writt	ule 505, the following
	uer (Print or Type)	Signature	Date 4-	1-05
Na	ne of Signer (Print or Type) . C. Lee	Title of Signer (Print or Type) President	1	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	LE STATE SIGNATURE		
١.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
	provisions of such rule?		X
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) CommASIC Inc.	Signature	Date 4-1-05
Name (Print or Type) L.C. Lee	Title (Print or Type) President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1					AP	PENDIX				
State Yes No Accredited Investors Amount Non-Accredited Investors Amount Yes No AL Image: Accordited Investors Amount Image: Amount Investors Amount Yes No AK Image: Accordited Investors Image: Amount In	1	Intend to non-a	I to sell occredited s in State	Type of security and aggregate offering price offered in state		Type of investor and amount purchased in State			Disqualification under State ULOE (if yes, attach explanation of waiver granted)	
AK	State	Yes	No		Accredited	Amount	Non-Accredited	Amount	Yes	No
AZ	AL									
AR	AK									
AR	ΑZ									
CA	AR									
CT	CA		x	Preferred Stock -	24	\$2,102,7	50			x
DE	со			\$2,102,750			•			
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FL	DE									
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Stock - 1 \$24,000 X	FL									
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				APP	ENDIX :				
1	Intend to non-a investor	2 I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			under Sta (if yes, explana	ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE									
NV									i
NH									
NJ									
NM									
NY			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
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1	:	2	3 Type of security			4		5 Disqual under Sta	ification ate ULO
	Intend to sell to non-accredited investors in State (Part B-Item 1)		and aggregate offering price offered in state (Part C-Item I)	amount purcha		of investor and urchased in State 1 C-Item 2)		(if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR			·						